

REGISTRATION FORM FOR WELFARE TO WORK TELECONFERENCE:

FOCUS ON EMPLOYMENT

Thursday, January 24, 2002 1:00 P.M. - 2:15 P.M. EST

Please print or type legibly.	Tido
* Name(s) of Additional Participants:	Title:
*Organization:	
Street Address:	
City:	State: Zip code:
Phone: ()	_ Fax: ()
E-mail:	_
Question/Issue for WTW Teleconference Q & A Session:	

PLEASE SEND THIS COMPLETED FORM BY 5:00 P.M. EST, JANUARY 18, 2002, TO ANNABELLE OEHLER @ QUADEL CONSULTING CORPORATION AOEHLER@QUADEL.COM OR FAX: (202) 898-0632.

^{*} Please note, only ONE phone line is allotted for each agency; however, more than one person is welcome to participate on that same line. Please provide the name(s) of everyone who will be participating in the teleconference. If more than one organization will be represented, please provide contact information for a primary participant for each organization.